



325797



**POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 1 - SITE LOCATION AND INSPECTION INFORMATION**

I. IDENTIFICATION

01 STATE IND	02 SITE NUMBER 982073215
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II. SITE NAME AND LOCATION

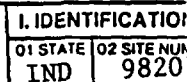
01 SITE NAME (Legal, common, or descriptive name of site) Old Mishawaka Dump		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 1131 East Fifth Street			
03 CITY Mishawaka	04 STATE IN	05 ZIP CODE 46544	06 COUNTY St. Joseph	07 COUNTY CODE 141	08 CONG DIST 03
09 COORDINATES LATITUDE 41° 39' 10" N LONGITUDE 086° 09' 50" W		10 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER			

III. INSPECTION INFORMATION

01 DATE OF INSPECTION 05/10/88 MONTH DAY YEAR		02 SITE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		03 YEARS OF OPERATION 1946 1954 BEGINNING YEAR ENDING YEAR alleged	
04 AGENCY PERFORMING INSPECTION (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. MUNICIPAL <input type="checkbox"/> D. MUNICIPAL CONTRACTOR <input checked="" type="checkbox"/> E. STATE <input type="checkbox"/> F. STATE CONTRACTOR <input type="checkbox"/> G. OTHER					
05 CHIEF INSPECTOR Tim Heffernan		06 TITLE Environmental Scientist III		07 ORGANIZATION IDEM	
09 OTHER INSPECTORS Harry E. Atkinson		10 TITLE Section Chief, Site Investigations		11 ORGANIZATION IDEM	
Bruce Oertel		Environmental Scientist II		IDEM	
				()	
				()	
				()	
13 SITE REPRESENTATIVES INTERVIEWED Mike Watson		14 TITLE Fire Chief		15 ADDRESS 600 E. 3rd St. Mishawaka	
Larry Danville		owner-Dearborn		Fabricating 1131 East Fifth	
				()	
				()	
				()	
				()	
17 ACCESS GAINED BY (Check one) <input checked="" type="checkbox"/> PERMISSION <input type="checkbox"/> WARRANT		18 TIME OF INSPECTION 12:45-3:00 p.m.		19 WEATHER CONDITIONS overcast	

IV. INFORMATION AVAILABLE FROM

01 CONTACT Harry E. Atkinson		02 OF (Agency/Organization) IDEM/OSHW		03 TELEPHONE NO. (317) 232-8928	
04 PERSON RESPONSIBLE FOR SITE INSPECTION FORM Tim Heffernan		05 AGENCY IDEM	06 ORGANIZATION OSHW	07 TELEPHONE NO. 317-232-8902	08 DATE 05/10/88 MONTH DAY YEAR





POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 982073215

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: 50,000
02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION
The permeability of soils, waste disposal practices and depth to groundwater are all conducive to groundwater contamination. Municipal wells are located within 1,500 ft. of the site.

01 ☒ B. SURFACE WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: unknown
02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION
The St. Joseph River is located within $\frac{1}{2}$ mile of the site, however, little surface run-off would be expected to reach the river. Groundwater discharge appears to be the most likely route for significant surface water contamination. A pond just south of the site showed a chloroform concentration of 1.1 ppm.

01 ☒ C. CONTAMINATION OF AIR
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION
No recent air contamination has been reported. Hnu photoionizer failed to detect ambient concentrations of volatiles above background levels.

01 ☒ D. FIRE/EXPLOSIVE CONDITIONS
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION
The site had a history of fires while active. Controlled burning in pits takes place each spring and there is/was apparently highly flammable wastes in the sub-surface.

01 ☒ E. DIRECT CONTACT
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION
The site is fenced, however, access is not completely restricted.

01 ☐ F. CONTAMINATION OF SOIL
03 AREA POTENTIALLY AFFECTED: 17.5
(Acres)
02 ☐ OBSERVED (DATE: 05/10/88) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION
Some low level contamination was detected in subsurface soils. Concentrations, if accurate, are not of significant concern. Fill was applied to the site after landfilling was completed.

01 ☒ G. DRINKING WATER CONTAMINATION
03 POPULATION POTENTIALLY AFFECTED: 50,000
02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION
See item "A".

01 ☒ H. WORKER EXPOSURE/INJURY
03 WORKERS POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: 03/88) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION
A backhoe operator had reportedly suffered nasal and throat burns after inadvertently crushing two (2) duriid drums.

01 ☐ I. POPULATION EXPOSURE/INJURY
03 POPULATION POTENTIALLY AFFECTED: _____
02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION
None reported.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
IND 982073215

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

The site is largely devoid of vegetation but activities at the site may be responsible for this, rather than the soil contamination.

01 ☐ K. DAMAGE TO FAUNA 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION (include names of species)

None reported.

01 ☐ L. CONTAMINATION OF FOOD CHAIN 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None reported.

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES 02 ☐ OBSERVED (DATE: 05/10/88) ☐ POTENTIAL ☐ ALLEGED
(Spills/Runoff: Standing liquids, Leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

The presence of drums in the subsurface has been verified as well as the release of the contents of two (2) drums.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None reported.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None reported or expected given the conditions at the site.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

The City of Mishawaka was aware of the dumping. At the time there were few laws concerning waste disposal so the dumping should be considered legal.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 50,000

IV. COMMENTS

The site appears to pose a potentially serious threat to the Mishawaka municipal water supply. LSI activities are certainly justified at this site.

V. SOURCES OF INFORMATION (Cite specific references, e.g., State logs, laboratory reports)

Site inspection observations.
Interview with local official, Mr. Mike Watson.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION
PART 4 - PERMIT AND DESCRIPTIVE INFORMATION

I. IDENTIFICATION

01 STATE IND 02 SITE NUMBER 982073215

II. PERMIT INFORMATION

01 TYPE OF PERMIT ISSUED (Check all that apply)	02 PERMIT NUMBER	03 DATE ISSUED	04 EXPIRATION DATE	05 COMMENTS
<input type="checkbox"/> A. NPDES				The site has no permits.
<input type="checkbox"/> B. UIC				
<input type="checkbox"/> C. AIR				
<input type="checkbox"/> D. RCRA				
<input type="checkbox"/> E. RCRA INTERIM STATUS				
<input type="checkbox"/> F. SPCC PLAN				
<input type="checkbox"/> G. STATE (Specify)				
<input type="checkbox"/> H. LOCAL (Specify)				
<input type="checkbox"/> I. OTHER (Specify)				
<input type="checkbox"/> J. NONE				

III. SITE DESCRIPTION

01 STORAGE/DISPOSAL (Check all that apply)	02 AMOUNT	03 UNIT OF MEASURE	04 TREATMENT (Check all that apply)	05 OTHER
<input type="checkbox"/> A. SURFACE IMPOUNDMENT			<input type="checkbox"/> A. INCINERATION	<input checked="" type="checkbox"/> A. BUILDINGS ON SITE
<input type="checkbox"/> B. PILES Solid Waste	unknown		<input type="checkbox"/> B. UNDERGROUND INJECTION	(1 building)
<input type="checkbox"/> C. DRUMS, ABOVE GROUND			<input type="checkbox"/> C. CHEMICAL/PHYSICAL	06 AREA OF SITE
<input type="checkbox"/> D. TANK, ABOVE GROUND			<input type="checkbox"/> D. BIOLOGICAL	17.5 (Acres)
<input type="checkbox"/> E. TANK, BELOW GROUND			<input type="checkbox"/> E. WASTE OIL PROCESSING	
<input checked="" type="checkbox"/> F. LANDFILL	estimated 2,500 drum	equivalent	<input type="checkbox"/> F. SOLVENT RECOVERY	
<input type="checkbox"/> G. LANDFARM			<input type="checkbox"/> G. OTHER RECYCLING/RECOVERY	
<input type="checkbox"/> H. OPEN DUMP			<input type="checkbox"/> H. OTHER (Specify)	
<input type="checkbox"/> I. OTHER (Specify)				

07 COMMENTS

The waste quantity estimate was derived from disposal rates for another Uniroyal disposal site currently on the NPL. (Douglas Road Uniroyal Landfill).

IV. CONTAINMENT

01 CONTAINMENT OF WASTES (Check one)
<input type="checkbox"/> A. ADEQUATE, SECURE <input type="checkbox"/> B. MODERATE <input type="checkbox"/> C. INADEQUATE, POOR <input checked="" type="checkbox"/> D. INSECURE, UNSOUND, DANGEROUS
02 DESCRIPTION OF DRUMS, DIKING, LINERS, BARRIERS, ETC.
Unknown number of drums were buried at the site. Disposal directly to water occurred, however, it is unclear whether primary disposal included direct dumping or drum disposal (or both). No liners or other containment structures are in place.

V. ACCESSIBILITY

01 WASTE EASILY ACCESSIBLE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
02 COMMENTS
Wastes are present in the subsurface.

VI. SOURCES OF INFORMATION (Cite specific references, e.g. state files, sample analysis, reports)

Interviews with local officials and information supplied by Uniroyal.
State files.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
IND 982073215

II. DRINKING WATER SUPPLY

01 TYPE OF DRINKING SUPPLY (Check as applicable)	02 STATUS	03 DISTANCE TO SITE																		
<table border="0"><tr><td></td><td>SURFACE</td><td>WELL</td></tr><tr><td>COMMUNITY</td><td>A. <input type="checkbox"/></td><td>B. <input checked="" type="checkbox"/></td></tr><tr><td>NON-COMMUNITY</td><td>C. <input type="checkbox"/></td><td>D. <input checked="" type="checkbox"/></td></tr></table>		SURFACE	WELL	COMMUNITY	A. <input type="checkbox"/>	B. <input checked="" type="checkbox"/>	NON-COMMUNITY	C. <input type="checkbox"/>	D. <input checked="" type="checkbox"/>	<table border="0"><tr><td>ENDANGERED</td><td>AFFECTED</td><td>MONITORED</td></tr><tr><td>A. <input checked="" type="checkbox"/></td><td>B. <input type="checkbox"/></td><td>C. <input checked="" type="checkbox"/></td></tr><tr><td>D. <input type="checkbox"/></td><td>E. <input type="checkbox"/></td><td>F. <input type="checkbox"/></td></tr></table>	ENDANGERED	AFFECTED	MONITORED	A. <input checked="" type="checkbox"/>	B. <input type="checkbox"/>	C. <input checked="" type="checkbox"/>	D. <input type="checkbox"/>	E. <input type="checkbox"/>	F. <input type="checkbox"/>	A. <u>1</u> (mi) B. <u>unknown</u> (mi)
	SURFACE	WELL																		
COMMUNITY	A. <input type="checkbox"/>	B. <input checked="" type="checkbox"/>																		
NON-COMMUNITY	C. <input type="checkbox"/>	D. <input checked="" type="checkbox"/>																		
ENDANGERED	AFFECTED	MONITORED																		
A. <input checked="" type="checkbox"/>	B. <input type="checkbox"/>	C. <input checked="" type="checkbox"/>																		
D. <input type="checkbox"/>	E. <input type="checkbox"/>	F. <input type="checkbox"/>																		

III. GROUNDWATER

01 GROUNDWATER USE IN VICINITY (Check one)

☒ A. ONLY SOURCE FOR DRINKING ☐ B. DRINKING
(Other sources available)
COMMERCIAL, INDUSTRIAL, IRRIGATION
(No other water sources available)

☐ C. COMMERCIAL, INDUSTRIAL, IRRIGATION
(Limited other sources available) ☐ D. NOT USED, UNUSEABLE

02 POPULATION SERVED BY GROUND WATER <u>approx. 50,000</u>	03 DISTANCE TO NEAREST DRINKING WATER WELL <u>.2</u> (mi)			
04 DEPTH TO GROUNDWATER <u>≈ 10</u> (ft)	05 DIRECTION OF GROUNDWATER FLOW <u>N-NW (probable)</u>	06 DEPTH TO AQUIFER OF CONCERN <u>≈ 10</u> (ft)	07 POTENTIAL YIELD OF AQUIFER <u>High</u> (gpd)	08 SOLE SOURCE AQUIFER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

09 DESCRIPTION OF WELLS (including usage, depth, and location relative to population and buildings)
Information for the two (2) municipal wells sampled during SSI:
Baker 7--63 ft. deep, screened from 46'9" to 63', static water level 8', capacity = 750 gpm.
Byrkit 6--70 feet deep, screened from 55' to 70', capacity 1,000 gpm.

10 RECHARGE AREA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS The site was formerly a wetland area.	11 DISCHARGE AREA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMMENTS
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IV. SURFACE WATER

01 SURFACE WATER USE (Check one)

☒ A. RESERVOIR, RECREATION DRINKING WATER SOURCE ☐ B. IRRIGATION, ECONOMICALLY IMPORTANT RESOURCES ☐ C. COMMERCIAL, INDUSTRIAL ☐ D. NOT CURRENTLY USED

02 AFFECTED/POTENTIALLY AFFECTED BODIES OF WATER

NAME:	AFFECTED	DISTANCE TO SITE
<u>St. Joseph River</u>	<input type="checkbox"/>	<u>1/2 - 3/4</u> (mi)
_____	<input type="checkbox"/>	_____ (mi)
_____	<input type="checkbox"/>	_____ (mi)

V. DEMOGRAPHIC AND PROPERTY INFORMATION

01 TOTAL POPULATION WITHIN	02 DISTANCE TO NEAREST POPULATION									
<table border="0"><tr><td>ONE (1) MILE OF SITE</td><td>TWO (2) MILES OF SITE</td><td>THREE (3) MILES OF SITE</td></tr><tr><td>A. <u>4,000</u></td><td>B. <u>18,000</u></td><td>C. <u>40,000</u></td></tr><tr><td>NO. OF PERSONS</td><td>NO. OF PERSONS</td><td>NO. OF PERSONS</td></tr></table>	ONE (1) MILE OF SITE	TWO (2) MILES OF SITE	THREE (3) MILES OF SITE	A. <u>4,000</u>	B. <u>18,000</u>	C. <u>40,000</u>	NO. OF PERSONS	NO. OF PERSONS	NO. OF PERSONS	<u>.1</u> (mi)
ONE (1) MILE OF SITE	TWO (2) MILES OF SITE	THREE (3) MILES OF SITE								
A. <u>4,000</u>	B. <u>18,000</u>	C. <u>40,000</u>								
NO. OF PERSONS	NO. OF PERSONS	NO. OF PERSONS								

03 NUMBER OF BUILDINGS WITHIN TWO (2) MILES OF SITE <u>500 - 1,000 estimated</u>	04 DISTANCE TO NEAREST OFF-SITE BUILDING <u>500 - 750 ft.</u>
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05 POPULATION WITHIN VICINITY OF SITE (Provide narrative description of nature of population within vicinity of site, e.g., rural, village, densely populated urban area)

The site is located within the Mishawaka City limits. Population density is approximately 1,400 residents/square mile.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
IND 982073215

VI. ENVIRONMENTAL INFORMATION

01 PERMEABILITY OF UNSATURATED ZONE (Check one)

☐ A. $10^{-8} - 10^{-6}$ cm/sec ☐ B. $10^{-4} - 10^{-6}$ cm/sec ☐ C. $10^{-4} - 10^{-3}$ cm/sec ☒ D. GREATER THAN 10^{-3} cm/sec

02 PERMEABILITY OF BEDROCK (Check one)

☐ A. IMPERMEABLE (Less than 10^{-8} cm/sec) ☐ B. RELATIVELY IMPERMEABLE ($10^{-4} - 10^{-6}$ cm/sec) ☒ C. RELATIVELY PERMEABLE ($10^{-2} - 10^{-4}$ cm/sec) ☐ D. VERY PERMEABLE (Greater than 10^{-2} cm/sec)

03 DEPTH TO BEDROCK

~150 (ft)

04 DEPTH OF CONTAMINATED SOIL ZONE

unknown (ft)

05 SOIL pH

unknown

06 NET PRECIPITATION

+7 (in)

07 ONE YEAR 24 HOUR RAINFALL

2.4 (in)

08 SLOPE
SITE SLOPE

<1 %

DIRECTION OF SITE SLOPE
surface slopes
primarily to the north.

TERRAIN AVERAGE SLOPE
unknown
relatively flat

09 FLOOD POTENTIAL

SITE IS IN >500 YEAR FLOODPLAIN

10

☐ SITE IS ON BARRIER ISLAND, COASTAL HIGH HAZARD AREA, RIVERINE FLOODWAY

11 DISTANCE TO WETLANDS (5 acre minimum)

ESTUARINE

OTHER

A. N/A (mi)

B. 1/2-1 (mi)

12 DISTANCE TO CRITICAL HABITAT (of endangered species)

N/A (mi)

N/A

ENDANGERED SPECIES:

13 LAND USE IN VICINITY

DISTANCE TO:

COMMERCIAL/INDUSTRIAL

RESIDENTIAL AREAS, NATIONAL/STATE PARKS,
FORESTS, OR WILDLIFE RESERVES

AGRICULTURAL LANDS
PRIME AG LAND

AG LAND

A. 1,000 ft. /// (mi)

B. 500 ft. /// (mi)

C. N/A (mi)

D. 3 /// (mi)

14 DESCRIPTION OF SITE IN RELATION TO SURROUNDING TOPOGRAPHY

Topography at and around the site is relatively flat with a slope of less than 1% between the site and the St. Joseph River to the north. Movement of soil on-site has created several small mounds, but these mounds have very limited influence on surface run-off.

VII. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

State files.

Indiana Scoring Model Manual.

Geologic assessment completed by Mr. Billy Giles, IDEM.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 6 - SAMPLE AND FIELD INFORMATION

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
IND 982073215

II. SAMPLES TAKEN

SAMPLE TYPE	01 NUMBER OF SAMPLES TAKEN	02 SAMPLES SENT TO	03 ESTIMATED DATE RESULTS AVAILABLE
GROUNDWATER	4	EMS Laboratory, Indianapolis, IN	06/10/88
SURFACE WATER	1	and EIS Labs, South Bend, IN	for QA/QC analysis
WASTE			
AIR			
RUNOFF			
SPIII			
SOIL	2		
VEGETATION			
OTHER	1 trip blank		

III. FIELD MEASUREMENTS TAKEN

01 TYPE	02 COMMENTS
Magnetometer Survey	Much greater variation in the magnetic field at the site as compared with a nearby background.
Hnu Photoionization Detector	No concentration above background were noted.

IV. PHOTOGRAPHS AND MAPS

01 TYPE <input checked="" type="checkbox"/> GROUND <input checked="" type="checkbox"/> AERIAL	02 IN CUSTODY OF <u>Indiana Dept. of Environmental Management</u> <small>(Name of organization or individual)</small>
03 MAPS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	04 LOCATION OF MAPS <u>Included in report.</u>

V. OTHER FIELD DATA COLLECTED (Provide narrative description)

N/A

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

All the above information was obtained during or in preparation for the SSI by Mr. Tim Heffernan, IDEM.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 7 - OWNER INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 982073215

II. CURRENT OWNER(S)				PARENT COMPANY (if applicable)			
01 NAME Dearborn Fabricating		02 D+B NUMBER		08 NAME		09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.) 1131 East Fifth Street		04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)		11 SIC CODE	
05 CITY Mishawaka		06 STATE IN	07 ZIP CODE 46544	12 CITY		13 STATE	14 ZIP CODE
01 NAME		02 D+B NUMBER		08 NAME		09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)		11 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	12 CITY		13 STATE	14 ZIP CODE
01 NAME		02 D+B NUMBER		08 NAME		09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)		11 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	12 CITY		13 STATE	14 ZIP CODE
01 NAME		02 D+B NUMBER		08 NAME		09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)		11 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	12 CITY		13 STATE	14 ZIP CODE
III. PREVIOUS OWNER(S) (List most recent first)				IV. REALTY OWNER(S) (if applicable; list most recent first)			
01 NAME Mr. Leo Reider		02 D+B NUMBER		01 NAME		02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.) Unknown		04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	05 CITY		06 STATE	07 ZIP CODE
01 NAME		02 D+B NUMBER		01 NAME		02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	05 CITY		06 STATE	07 ZIP CODE
01 NAME		02 D+B NUMBER		01 NAME		02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	05 CITY		06 STATE	07 ZIP CODE
V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)							
Penn Township Assessors office. Personal Communication, Mr. Larry Dunville, current owner of Dearborn Fabricating.							



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 8 - OPERATOR INFORMATION

I. IDENTIFICATION
01 STATE 02 SITE NO.
IND 9820

II. CURRENT OPERATOR (Provide if different from owner)				OPERATOR'S PARENT COMPANY (if applicable)			
01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
City of Mishawaka							
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)		13 SIC CODE	
600 East Third Street							
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
Mishawaka		IN	46544				
08 YEARS OF OPERATION		09 NAME OF OWNER					
late 1940's Approx. 40		Larry Dunville (Dearborn Fabricating)					
III. PREVIOUS OPERATOR(S) (List most recent first; provide only if different from owner)				PREVIOUS OPERATORS' PARENT COMPANIES (if applicable)			
01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
Uniroyal, Inc.							
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)		13 SIC CODE	
312 North Hill Street							
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
Mishawaka		IN	46544				
08 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					
1946-1954 Approx. 8		Leo Reider					
01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)		13 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					
01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)		13 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					

IV. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Mr. Larry Dunville, owner.
Internal Memoranda provided by Uniroyal Plastics Company.
Mr. Mike Watson, Mishawaka Fire Chief.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 9 - GENERATOR/TRANSPORTER INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 982073215

II. ON-SITE GENERATOR

01 NAME N/A	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE 07 ZIP CODE

III. OFF-SITE GENERATOR(S)

01 NAME Uniroyal, Inc.	02 D+B NUMBER	01 NAME City fo Mishawaka	02 D+B NUMBER		
03 STREET ADDRESS (P.O. Box, RFD #, etc.) 312 North Hill Street	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.) 600 East Third Street	04 SIC CODE		
05 CITY Mishawaka	06 STATE IN	07 ZIP CODE 46544	05 CITY Mishawaka	06 STATE IN	07 ZIP CODE 46544
01 NAME Additional generators possible.	02 D+B NUMBER	01 NAME	02 D+B NUMBER		
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE		
05 CITY	06 STATE	07 ZIP CODE	05 CITY	06 STATE	07 ZIP CODE

IV. TRANSPORTER(S)

01 NAME Unknown	02 D+B NUMBER	01 NAME	02 D+B NUMBER		
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE		
05 CITY	06 STATE	07 ZIP CODE	05 CITY	06 STATE	07 ZIP CODE
01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER		
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE		
05 CITY	06 STATE	07 ZIP CODE	05 CITY	06 STATE	07 ZIP CODE

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Mr. Mike Watson, Mishawaka Fire Chief.
Mr. Larry Dunville, owner.
Uniroyal memoranda.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 982073215

II PAST RESPONSE ACTIVITIES (Continued)

01 ☐ R. BARRIER WALLS CONSTRUCTED
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ S. CAPPING/COVERING
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ T. BULK TANKAGE REPAIRED
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ U. GROUT CURTAIN CONSTRUCTED
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ V. BOTTOM SEALED
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ W. GAS CONTROL
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ X. FIRE CONTROL
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ Y. LEACHATE TREATMENT
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ Z. AREA EVACUATED
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ 1. ACCESS TO SITE RESTRICTED
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ 2. POPULATION RELOCATED
04 DESCRIPTION

02 DATE

03 AGENCY

N/A

01 ☐ 3. OTHER REMEDIAL ACTIVITIES
04 DESCRIPTION

02 DATE

03 AGENCY

VOCs were detected in some municipal wells, especially well #6 at the main well field, located just south of the St. Joe River, and northeast of the site. Levels did not exceed EPA standards. The source of contaminants was not determined.

14 interceptor wells were put up around the well field to monitor the production wells; no contaminants were found in the outgoing water. Testing and monitoring of the water are done regularly.

III. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

State files.

Jim Crook, Mishawaka Municipal Utilities



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION
01 STATE 02 SITE NUM
IND 98207

II. PAST RESPONSE ACTIVITIES

01 <input type="checkbox"/> A. WATER SUPPLY CLOSED 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> B. TEMPORARY WATER SUPPLY PROVIDED 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> C. PERMANENT WATER SUPPLY PROVIDED 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> D. SPILLED MATERIAL REMOVED 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> E. CONTAMINATED SOIL REMOVED 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> F. WASTE REPACKAGED 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> G. WASTE DISPOSED ELSEWHERE 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> H. ON SITE BURIAL 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> I. IN SITU CHEMICAL TREATMENT 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> J. IN SITU BIOLOGICAL TREATMENT 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> K. IN SITU PHYSICAL TREATMENT 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> L. ENCAPSULATION 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> M. EMERGENCY WASTE TREATMENT 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> N. CUTOFF WALLS 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> O. EMERGENCY DIKING/SURFACE WATER DIVERSION 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> P. CUTOFF TRENCHES/SUMP 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> Q. SUBSURFACE CUTOFF WALL 04 DESCRIPTION N/A	02 DATE _____	03 AGENCY _____



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 11 - ENFORCEMENT INFORMATION

1. IDENTIFICATION	
01 STATE	02 SITE NU
IND	9820

II. ENFORCEMENT INFORMATION

01 PAST REGULATORY/ENFORCEMENT ACTION ☐ YES ☒ NO

02 DESCRIPTION OF FEDERAL, STATE, LOCAL REGULATORY/ENFORCEMENT ACTION

III. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)